

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SPORLAN VALVE COMPANY
ATTN: ENVIRONMENTAL MANAGER
EPA ID NO: 611 E. SEVENTH ST.
WASHINGTON, MO 63090
EPA ID: MOD006299200 MO ID: 001911



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1997 Hazardous Waste Report

**FORM
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**IDENTIFICATION AND
CERTIFICATION**

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I	Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County Same as label <input type="checkbox"/> or → FRANKLIN	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> or →	H. Zip Code Same as label <input checked="" type="checkbox"/> or →

Sec. II	Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (CONTINUE TO BOX B)			
B. Number and street name of mailing address			
C. City, town, village		D. State	E. Zip Code

Sec. III	Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.		
A. Last Name		First name	M.I.
KIEWITT		DUANE	L.
B. Title		C. Telephone Number	
ENGINEER		314 239-3732	
		Extension	

Sec. IV	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.		
A. Last Name		First name	M.I.
SCHELICH		ARDELL	J.
B. Title		V.P. OF MANUFACTURING	
C. Signature		D. Date of signature	
		02 27 98 Month Day Year	



R00126097

RCRA RECORDS CENTER
EP

BES data entered

BY EB Tri-Cor

ON 7/29/98

APR 26 1999

TRICOR/CST

Ove

Sec. V Generator status. Instructions begin on page 8.	
A. 1997 RCRA generator status (CHECK ONE BOX BELOW) <input checked="" type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SQG <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non-generator (CONTINUE TO BOX B)	B. Reason for not generating (CHECK ALL THAT APPLY) <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS BOX BELOW)
SKIP TO SEC. VI	

Sec. VI On-site waste management status. Instructions page 10.	
A. Storage subject to RCRA permitting requirements <div style="text-align: center;">1</div>	B. Treatment, disposal, or recycling subject to RCRA permitting requirements <div style="text-align: center;">1</div>

Comments:

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EPA ID NO: M O D 0 0 6 2 9 9 2 0 0



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GM**

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12)

SPENT HALOGENATED SOLVENT FROM DEGREASING OPERATION; TRICHLOROETHYLENE

B. EPA hazardous waste code (page 12) F 0 0 1 D 0 4 0
F 0 0 3 N A N A

C. State hazardous waste code (page 13)

N A N A

D. SIC code (page 13)
3 4 9 4

E. Origin code (page 13) 1
System Type M N A

F. Source code (page 14) A 0 7

G. Point of measurement (p. 14) 1

H. Form code (page 14) B 2 0 2

I. RCRA-radioactive mixed (page 14) 2

Sec. II A. Quantity generated in 1997 (page 15)

2 8 9 5 . 0

B. UOM (page 15) 5
Density 1 . 4
☐ 1 lbs/gal ☒ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16)

M

Quantity treated, disposed, or recycled on site in 1997 (page 16)

2 8 9 5 . 0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16)

M

Quantity treated, disposed, or recycled on site in 1997 (page 16)

2 8 9 5 . 0

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17)
I L D 9 8 0 6 1 3 9 1 3

C. System type shipped to (p. 17)
M 0 2 1

D. Off-site availability code (page 17) 1

E. Total quantity shipped in 1997 (page 17)
2 5 8 5 . 0

Site 2 B. EPA ID No. of facility waste was shipped to (page 17)
N A

C. System type shipped to (p. 17)
M

D. Off-site availability code (page 17) 1

E. Total quantity shipped in 1997 (page 17)
2 5 8 5 . 0

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)
N A

C. System type shipped to (p. 17)
M

D. Off-site availability code (page 17) 1

E. Total quantity shipped in 1997 (page 17)
2 5 8 5 . 0

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Sec. I A. Waste description (page 12)

IGNITABLE SPENT SOLVENT FROM CLEANING OF MACHINED PARTS; MINERAL SPIRITS

B. EPA hazardous waste code (page 12) D 0 0 1 N A
N A N A N A

C. State hazardous waste code (page 13)
N A N A

D. SIC code (page 13)
3 4 9 4

E. Origin code (page 13) 1
System Type
M N A

F. Source code (page 14)
A 0 5

G. Point of measurement (p. 14) 1

H. Form code (page 14)
B 2 0 3

I. RCRA-radioactive mixed (page 14)
2

Sec. II A. Quantity generated in 1997 (page 15)

3 9 2 4 0

B. UOM (page 15) 5
Density 0 8
☐ 1 lbs/gal ☒ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16) M 1 1 1
Quantity treated, disposed, or recycled on site in 1997 (page 16)
3 9 2 4 0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16) M 1 1 1
Quantity treated, disposed, or recycled on site in 1997 (page 16)
3 9 2 4 0

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>I L D 9 8 0 6 1 3 9 1 3</u>	C. System type shipped to (p. 17) <u>M 0 2 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>8 8 0</u> <u>0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u>I L D 9 8 0 6 1 3 9 1 3</u>	C. System type shipped to (p. 17) <u>M 0 6 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>2 5 8 5</u> <u>0</u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u>M O D 0 9 5 4 8 6 3 1 2</u>	C. System type shipped to (p. 17) <u>M 0 6 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>1 1 9</u> <u>0</u>

Comments:

MOD095486312

061

1

119.0

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EPA ID NO: M 0 1 D 0 0 6 2 9 9 2 0 0



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Sec. I A. Waste description (page 12)

WASTE CUTTING OIL FROM MACHINING OPERATIONS

B. EPA hazardous waste code F 0 0 2 D 0 4 0
(page 12) N A N A N A

C. State hazardous waste code (page 13)

N A N A

D. SIC code
(page 13)

3 4 9 4

E. Origin code 1
(page 13) System Type

M N A

F. Source code
(page 14)

A 5 4

G. Point of
measurement
(p. 14)

1

H. Form code
(page 14)

B 2 0 6

I. RCRA-radioactive mixed
(page 14)

2

Sec. II A. Quantity generated in 1997
(page 15)

3 3 0 . 0

B. UOM 5
(page 15)
Density 0 . 9

☐ 1 lbs/gal ☒ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
(page 16)

M

Quantity treated, disposed, or recycled
on site in 1997 (page 16)

3 3 0 . 0

ON-SITE PROCESS SYSTEM 2

On-site process system type
(page 16)

M

Quantity treated, disposed, or recycled
on site in 1997 (page 16)

3 3 0 . 0

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>I L D 9 8 0 6 1 3 9 1 3</u>	C. System type shipped to (p. 17) <u>M 0 6 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>3 3 0 . 0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u>N A</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>3 3 0 . 0</u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u>1 1 1 1 1 1 1 1 1 1</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>3 3 0 . 0</u>

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Sec. I A. Waste description (page 12)					
METAL HYDROXIDE SLUDGE FROM WASTE WATER TREATMENT OF ELECTORPLATING RINSEWATERS					
B. EPA hazardous waste code (page 12)			C. State hazardous waste code (page 13)		
<u>F 0 0 6</u> <u>N A</u> <u>D 0 0 7</u> <u>D 0 0 8</u> <u>N A</u>			<u>N A</u> <u>N A</u>		
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
<u>3 4 9 4</u>	<u>5</u> System Type <u>M 0 7 1</u>	<u>A 7 5</u>	<u>1</u>	<u>B 3 0 6</u>	<u>2</u>

Sec. II A. Quantity generated in 1997 (page 15)		B. UOM (page 15)	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)	
<u>5 7 4 6 4</u> <u>0</u>		Density <u>N A</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)	On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1997 (page 16)	
<u>M</u>		<u></u>	<u>M</u> <u></u>	

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)				
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	<u>I N D</u> <u>0 9 3</u> <u>2 1 9</u> <u>0 1 2</u>	<u>M 1 1 9</u>	<u>1</u>	<u>5 8 0 8 0</u> <u>0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	<u>N A</u> <u></u> <u></u> <u></u> <u></u>	<u>M</u>	<u></u>	<u></u> <u></u> <u></u> <u></u> <u></u> <u></u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	<u></u> <u></u> <u></u> <u></u> <u></u>	<u>M</u>	<u></u>	<u></u> <u></u> <u></u> <u></u> <u></u> <u></u>

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) TOXIC WASTEWATER FROM RINSES IN AN ELECTROPLATING AND CLEANING OPERATION				
B. EPA hazardous waste code (page 12) <u>D 0 0 2</u> <u>N A</u> <u>D 0 0 7</u> <u>D 0 0 8</u> <u>N A</u>			C. State hazardous waste code (page 13) <u>N A</u> <u>N A</u>		
D. SIC code (page 13) <u>3 4 9 4</u>	E. Origin code (page 13) <u>1</u> System Type <u>M N A</u>	F. Source code (page 14) <u>A 2 2</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B 1 1 9</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II	A. Quantity generated in 1997 (page 15) <u>1 0 5 9 7 3 0</u> <u>0</u>		B. UOM (page 15) <u>5</u> Density <u>1</u> <u>0</u> <input type="checkbox"/> 1 lbs/gal <input checked="" type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M 1 3 5</u>		Quantity treated, disposed, or recycled on site in 1997 (page 16) <u>1 0 5 9 7 3 0</u> <u>0</u>		On-site process system type (page 16) <u>M</u>	
				Quantity treated, disposed, or recycled on site in 1997 (page 16) <u>N A</u>	
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1997 (page 17) <u></u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1997 (page 17) <u></u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u></u>	E. Total quantity shipped in 1997 (page 17) <u></u>	

Comments:

SEC. I.H. AQUEOUS WASTE WITH METALS